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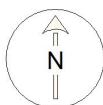
State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 072	Agency Case No. B5-092816	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 10/05/2015		TIME OF ACCIDENT 1755	STATE USE ONLY	
A/2 01	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1757	Amended	
B 65	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. 21st/ P to Q St		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	10/05/2015	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE	
D 1	IF AT INTERSECTION			IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="checkbox"/> FEET <input type="checkbox"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
		135.00		X		N curb of P St.
V1/M 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M 01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	DRIVER			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/N 1	Unknown			PHONE	LOCAL NO.	
V2/N 1	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
G 2	OWNER			PHONE	LOCAL NO.	
Unknown						
OWNER ADDRESS						
CITY, STATE, ZIP						
CITATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> NO						
CITATION NO.						
H 5	LICENSE PLATE NO.	YEAR			MAKE	MODEL
		VEHICLE		YEAR	MAKE	MODEL
V1/O 5	VEHICLE ID NO. (V/N)			COLOR	ESTIMATED DAMAGE	
V2/O 2	TOWED TO			TOWED BY	POLICY NO.	
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.	DRIVER			STATE (Of License)	SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P 8	Legally Parked			PHONE	LOCAL NO.	
V2/P 8	DRIVER ADDRESS			CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	
J 01	OWNER			PHONE	LOCAL NO.	
TIMOTHY D MCCAWLEY						
4024643593						
04-10-1964						
OWNER ADDRESS						
CITY, STATE, ZIP						
3401 N 52ND ST, LINCOLN, NE 68504						
CITATION <input type="checkbox"/> YES <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> NO						
CITATION NO.						
V1/Q 4	LICENSE PLATE PA NO.	SEN857			YEAR (Plate Expires)	2016
V2/Q 3	VEHICLE			YEAR	MAKE	MODEL
		1999		Toyota	Corolla	4 door Sedan
		VEHICLE ID NO. (V/N)		COLOR	ESTIMATED DAMAGE	
		1NXBR12E6XZ201347		green	<input type="checkbox"/> TOALED \$ 1000	
K 01	TOWED TO			TOWED BY	POLICY NO.	
SafeCo Insurance Company						
Z4647907						
20						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
		LOCAL NO.		MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
		LOCAL NO.		MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.
VEH. #	NAME	ADDRESS			DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5 SEX Seat Position Eject Body Region Injury Sev. Trans. M F
		LOCAL NO.		MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow



**No skids or debris.**

**\*All measurements are approximate\***

*Not To Scale*

Diagram illustrating the intersection of N 21st St. and an Alley. The intersection is labeled "P.O.I." (Point of Interest). The width of the intersection is 32ft. The alley is labeled "Alley". The street is labeled "N 21st St.". Arrows indicate directions "To Q St." and "To P St.".

Witness, Toni, said that she saw two females and one male leave the park area and get into a black Jimmy or Blazer with unknown plate. Toni said that the driver of the black vehicle was one of the females. Toni described her as having long hair with a pony tail and possibly in her late 30's. Toni said that she saw the black vehicle, V1, reverse into V2 and then drive away Westbound on O St. Ofcs checked the area but were unsuccessful. There are currently no suspects.

PROPERTY	OBJECT DAMAGED				OWNER NAME				ADDRESS				PHONE				APPROX. COST OF DAMAGE			
																	\$			
WITNESSES	NAME				ADDRESS				PHONE											
	Toni M Wyant 2914 E St., Lincoln, NE 68510								402-417-5711											
NAME				ADDRESS				PHONE												

VEHICLE MOVEMENT BEFORE COLLISION										POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>										AIRBAG DEPLOYED VEHICLE 1										RESTRAINT USE VEHICLE 1										TOTAL OCCUPANTS										VEH 1		3		VEH 2		0	
VEH NO.		N	S	E	W	ROAD OR HIGHWAY NAME																																												Driver No. 1		Driver No. 2		Pedestrian			
1					X	N 21st St/ Q to																																												Y		Y		Y			
2						N 21st St/ Q to																																												N		X		N			
1		02			06 Turning left 07 Making U-turn								POINT OF IMPACT				07						POINT OF IMPACT				07																														
2		10			08 Entering traffic lane 09 Leaving traffic lane 10 Parked 11 Slowing or stopped in traffic 12 Other 13 Unknown								MOST DAMAGED AREA										MOST DAMAGED AREA				07																														
01 Essentially straight ahead 02 Backing 03 Changing lanes 04 Overtaking/ Passing 05 Turning right										09 Top & windows 10 Undercarriage 11 Total (all areas) 12 Other																				1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown										1 None used - vehicle occupant 2 Lap & shoulder belt used 3 Shoulder belt only used 4 Lap belt only used 5 Child safety seat used 6 Child booster seat used 7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown																	
																				VEHICLE 2										VEHICLE 2																											

OFFICER NO. 1697				TROOP/ TEAM/ BEAT 7				DEPARTMENT Lincoln Police Department												Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
INVESTIGATOR NAME <i>(Print or Type)</i> Justin Stone								INVESTIGATOR SIGNATURE Approved by Officer Justin Stone												DATE OF REPORT 10/05/2015			